NSW Consumer Advisory Group – Mental Health Inc.
ABN 82 549 537 349

12th April 2010

Senator Moore
Chair, Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Email: community.affairs.sen@aph.gov.au

Dear Senator Moore,

Re: Response to items taken on notice at the Senate Community Affairs Reference Committee Inquiry into Suicide in Australia

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, state-wide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services which reflect their needs.

NSW CAG is pleased to have the opportunity to provide further information regarding the witness statement provided by myself and Rebecca Doyle to the Senate Community Affairs Reference Committee Inquiry into Suicide in Australia on 3rd March 2010. Attached are our responses to the items taken regarding:

- Privacy laws;
- The role of the consumer networks in the proliferation of networks across the country and state; and
- Discharge planning.

We have also taken this opportunity to raise some concerns regarding the national centralisation of Lifeline.

Please do not hesitate to contact me on 02 9332 0200 or at koakley@nswcag.org.au with any further questions that you may have.

Yours sincerely,

Karen Oakley
Executive Officer

1. Privacy Laws

NSW CAG's position is that consumer's privacy should always be respected in line with the same privacy rights as all citizens in NSW. Privacy should only be compromised where there is a risk of harm either to the consumer or to someone else. Sharing of confidential information such as medication and treatment should only be released with the prior consent and knowledge of the consumer. Where the NSW Mental Health Act 2007 indicates that information can be shared with others including carers, NSW CAG advocates that in all circumstances the consumer's prior consent should be sought and where any information is shared, that the consumer is informed of the information conveyed to others.

2. Role of the consumer network in the proliferation of networks across the country and state.

NSW CAG has not been involved in the Wesley Mission Lifeforce Community Networks project. In relation to consumer networks NSW CAG is keen to see more support for local based initiatives to increase consumer networks across NSW, which have mechanisms to feed into NSW CAG's core work of systemic advocacy.

3. Discharge Planning

Current situation

Discharge planning is the process of determining what is needed by a mental health consumer to ensure a smooth transition from the hospital to the community setting. It is the link between the hospital and community based services, organisations, and their families and carers. The role of mental health professionals in this process is to facilitate community re-integration, recovery, and the improved quality of life for consumers.

NSW Health currently has a policy directive for the *Discharge Planning for Adult Mental Health Inpatient Services.* This is currently being reviewed, and NSW CAG will have opportunities to contribute to the revised policy.

While there is a policy in place in NSW, feedback received by NSW CAG from consumers indicates that the policy is not being implemented effectively by mental health professionals. For some consumers, the discharge planning process has been as minimal as the presentation of a nursing discharge summary and a medication list. This suggests that the policy directive is having little impact on discharge processes.

The primary issue identified by consumers is that there are inadequate support structures which bridge the transition from secondary care (hospital) to primary care (community). This includes

- the lack of coordination and communication among health care professionals between these two systems of care;
- the poor provision of information to consumers; and
- an over-reliance on informal support (coupled with the assumption that each consumer has a personal support structure).

Consumers are also concerned that there is an over-reliance on the clinical aspects of discharge planning such as discharge paper work, while neglecting the need for psychosocial support. Consumers are also concerned that they are not directly involved in the discharge planning process. Conversations need to be had with consumers about what their needs are and what support or services they need once they have left hospital. NSW CAG is concerned that the ineffective provision of social, emotional and functional support upon discharge is a significant contributor to the rehospitalisation and suicide rate in Australia.

The model of discharge planning

The model of discharge planning recommended by NSW CAG combines the social, practical and clinical aspects of support, and is underpinned by the philosophy of recovery. These elements are identified by consumers as important components which assist with a person's reintegration into the community. For many consumers, receiving support in the discharge planning process can be the difference between remaining well in the community and returning to hospital.

Social support

This may include identifying current or potential options for social support in the community. Where social relations exist work may need to be done with the consumer to enhance these supports during their transition back into the community. Establishing connections with peers who have the lived experience of mental illness and have experienced recovery also needs to be explored as an option with the consumer.

Practical support

Consumers have also identified the need to have the option of receiving support around accommodation, income assistance, parenting needs, family and social connectedness, psychological support, education, and employment. Addressing these factors by linking consumers into appropriate services is critical to maintaining mental wellbeing in the community.

Consumers also regularly report being left to their own resources for getting home after from hospital upon discharge. This can be an extremely vulnerable time for people and it is essential that they are provided with support in arranging travel to get home.

Further work also needs to be done to ensure that no consumer is discharged into homelessness. While this principle has been adopted, the reality is that many consumers are being discharged with no accommodation, or with their previous accommodation no longer being available to them.

Clinical support

The clinical component of discharge planning needs to ensure that the consumer and their family / carers have a greater understanding of mental illness, symptoms and treatment options. By empowering consumers and carers with this knowledge, they can be better equipped to monitor their own mental health. This may include awareness of signs that they are becoming unwell, and learning about what helps and hinders their symptom management. The development of a wellness plan by the consumer in collaboration with their clinician and family or carers is recommended as standard practice.

Often the experience of being an inpatient leaves a person feeling scared, vulnerable and confused. The uncertainty and/or realisation of why hospitalisation occurred in the first place can be quite traumatic, and a return to the environment which may have led to admission can be quite daunting. Consumers have identified that they would like support working through the reasons and/or contributing factors to admission, to prevent further hospitalisation.

The clinical component of discharge planning also needs to include:

- risk assessments;
- effective clinical handover of responsibilities when services and clinicians relinquish their role;
- ensuring the sharing of information with services, with knowledge of consumers;
- providing emotional support including addressing any anxieties associated with reintegration into the community and/or linking into other services;
- holding conversations with the consumer, their carers and/or family about recovery, medication, symptom management, treatment options;
- forwarding discharge paperwork to relevant professionals/services involved in supporting the consumer in the community, (with knowledge of the consumer); and
- developing care plans in partnership with the consumer

Recovery-based practice

Recovery is a global consumer movement that is gaining momentum that is driven by people's lived and individually defined experience of mental illness. NSW CAG continues to hear that consumers want recovery oriented service provision to underpin mental health service delivery.

Recovery is a unique experience and therefore there are many different definitions of what recovery is. It may mean experiencing an absence of symptoms, or it may be about finding meaning and living a satisfying life while still experiencing symptoms or receiving treatment. In this way recovery is a journey rather than a destination. NSW CAG conducted several consultations throughout NSW in 2009, whereby consumer's identified their recovery journey as being about:

- gaining and retaining hope;
- learning and understanding one's self and the world;

- understanding of one's abilities and limitations;
- engagement in an active life;
- social identity;
- personal autonomy;
- setting goals and working towards them;
- seeking a meaning and purpose in life; and
- developing and/or maintaining a positive sense of self.

The outcomes of recovery based practice for consumers have been said to include empowerment, hope, choice, self defined goals, healing, wellbeing and control of symptoms. Although the recovery journey and what is needed to facilitate this journey will be different for each individual, there are universal approaches which can underpin recovery oriented service delivery for all consumers. They include:

- Being person centred;
- Respectful practice;
- Consumer self-directed focus;
- Belief in consumers recovery;
- Social inclusion and participation;
- Obtaining and sharing knowledge and information;
- Relationships;
- Treating people as equals;
- Being culturally respectful;
- Emphasising strengths;
- Fostering hope and empowerment, and using empowering language;
- Providing a variety of treatment options;
- Encouraging family and peer support, and acknowledging the benefits of such support;
- Staff fostering respectful relationships with consumers; and
- Striking a healthy balance between personal risk and growth.

The way in which discharge planning is facilitated is one component of an individual's journey of recovery, and it can have a large impact on a person's experience and engagement with services.

Conclusions

In summary, NSW CAG advocates that any model of discharge planning must include the following features:

- A recovery focus;
- Assessment of a person's needs by a qualified professional (including a risk assessment);
- Hold discussions with the consumer, their carers and/or family about recovery, symptom management, treatment options, and psychosocial supports available in the community;
- Ensure the sharing of information with relevant services, with consent from the individual;
- Transport plan for transition from the hospital to their home or another facility;
- Working with the consumer to identify needs and create a care plan;

- Provide hope for the consumer's future;
- Development of clear referral and service pathway to promote seamless care;
- Short-term support for the consumer until they establish a therapeutic relationship with support staff in the community; and
- Effective clinical handover of responsibilities when hospital services relinquish their role.

It is important that staff understand that discharge planning need not be a "one size fits all" approach. What will work in the discharge process for one individual may be different for another. In this regard, it is important that emphasis is placed on individualised planning which is done in partnership with the consumer and is reflective of their needs.

A core component to the success of such a model is to increase case management services in NSW to ensure sufficient resources and supports for consumers after discharge.

Discharge Community Officer

To facilitate the recommended features of discharge planning noted above, NSW CAG recommends that a Discharge Community Officer be appointed to ensure that the connection between discharge from an inpatient facility and care in the community, whether it be to a GP, psychiatrist, or other relevant community service, occurs effectively.

This does not necessarily mean the creation of a new role or profession. Rather, NSW CAG is advocating for a mental health professional to be handed the responsibility of ensuring comprehensive discharge support of a consumer from the moment they enter a mental health facility through to their transition period back into the community. This role could be conducted by anyone with case management and/or social work skills. It is about forming a relationship with the consumer early in their stay in the hospital setting and commencing discussions with them about their needs for when they return to the community. The relationship between the Discharge Community Officer and the consumer needs to continue after discharge from hospital until the consumer has successfully engaged in support in the community. Where a consumer is in contact with services prior to their admission, the Discharge Community Officer would be able to be involved prior to the consumer's admission to enable a smoother transition of care.

NSW CAG advocates that the most appropriate staff member for this position would be a worker from the community who comes into the inpatient setting regularly to work on discharge planning. Their role would be to also assist the consumer in managing any anxiety experienced throughout this period and provide hope for their future.

Roles and responsibilities

NSW CAG considers that the essence of the Discharge Community Officer's role is about supporting the consumer until they can build a therapeutic relationship with the community service provider. They are also a communication link between the inpatient setting and community services. The Discharge Community Officer is also responsible for ensuring that the service provider is equipped to provide adequate support for the consumer.

Roles and responsibilities of the Discharge Community Officer include:

1. *Building relationships with the consumer*. This is about supporting the consumer emotionally to encourage their engagement with the service identified in the community. For example:

   In the inpatient facility:
   - Developing a relationship with the consumer from the point of admission, or where possible, prior to admission;
   - Holding regular conversations with the consumer about plans for discharge and life after hospitalisation;
   - Identifying appropriate service needs with the consumer;
   - Ensuring the consumer has knowledge about mental health, symptom management and treatment options; and
   - Informing carers and/or relatives, GPs and other people involved in supporting the consumer with their plans for discharge (with the consent of the consumer).

   Transition period from inpatient care to the community:
   - Continuing to be in contact with the consumer while they are developing a relationship with the community service and/or social support provider;
   - Provide phone support and address any anxieties that may be associated with linking into another service;
   - Working with the consumer to determine when a therapeutic relationship has been developed with the community service provider;
   - Attending a service with the consumer for the first time to assist in establishing a relationship with new service providers (if identified as needed by the consumer);
   - Ensure continuity of care;
   - Provide consumer with the opportunity to evaluate the discharge process; and
   - Follow up to ascertain if the consumer is engaging with community services.

2. *Building relationships with community service providers.* To achieve adequate discharge planning, coordinated activity and communication by several individuals, teams and organisations is required. To aid this process and add to the success of this model, the Discharge Community Officer needs to have established relationships and links with relevant services in the community.

There also needs to be a shared responsibility of transition plans between the Discharge Community Officer and other service providers.

NSW CAG advocates that this would involve:

Prior to discharge:

- Establish links with services which can support the consumer's identified needs, and developing a relationship with those providers;
- Arrange appointments with relevant providers with the consent of the consumer if required;

At discharge:

- Advising mental health professionals in the care team (eg. GPs, psychiatrists and/or community mental health services) when the discharge has occurred, and ensure transfer of information including care plans and current medication needs/history. These need to be forwarded on the day of discharge with the consent of the consumer.

Transition period from inpatient care into the community:

- Ensuring the consumer is attending follow up appointments;
- Ensuring services are providing adequate follow up with consumers in the specified time, and within the first 7 days after discharge;
- Ensuring relationships are being formed successfully between consumer and community service provider; and
- Working with the identified support worker to determine when a therapeutic relationship has been developed with the consumer.

Knowledge, skills and attributes

NSW CAG believes that a person with social work and/or case management training and experience fulfil this role. The person would require the following knowledge, skills and attributes:

Knowledge of:

- The philosophy of recovery and understanding of recovery based practice;
- Holistic treatment options and the importance of an individual's physical health in treatment;
- A knowledge of the impact of medications on a person's lifestyle and health;
- Referral pathways and procedures for discharge planning and follow up care, including knowledge of community mental health services and their specialisation areas;
- Strengths based practice;
- Culturally appropriate communication; and
- How to maximise consumer participation in their treatment and choice.

Skills in:

- Psychosocial Assessment
- Being able to provide culturally responsive treatment;

- Being able to establish a rapport and a relationship based on trust with consumers;
- De-escalation;
- Advocacy;
- Strong communication skills, including listening and verbal communication, to ensure that consumers, families and carers are appropriately informed; and
- Being able to take a holistic approach to treatment and care.

Attitudes which:

- Provide respectful treatment where consumers are encouraged to actively participate in their treatment and community where desired;
- Are non-judgmental or stigmatising;
- Are positive, encouraging and empathetic
- Empower consumers to live life to their fullest with the belief that everyone can experience recovery;
- Are patient and tolerant;
- Value, understand and encourage consumer participation and self-determination, including in treatment plans;
- Reflect a genuine desire to improve the life of another person; and
- Do not define a person by their illness.

National centralisation of Lifeline

Lifeline Australia

NSW CAG would like to take this opportunity to raise an additional issue relevant to this inquiry. Recently, the telephone support service, Lifeline, was restructured to be nationally rather than locally managed. As a result, calls may be answered from any Lifeline Centre in Australia. This has potential to impact the type of support which is delivered to consumers, particularly as when the counsellor from Western Australia may not have knowledge of services or supports available to consumers in New South Wales.

With this transition, there has been the introduction of an automated response at the beginning of each phone call. The recording talks about how the counsellor may be taking notes, Lifeline privacy policy, and that “at times a supervisor may listen in”. NSW CAG has been made aware that a greater number of people in comparison to the figures prior to the national model are hanging up during or after the automated message before they have spoken with a counsellor. NSW CAG is concerned that as Lifeline is for many the only after hours service that is easily accessible, many consumers are not able to access the support they require. We are further concerned that the greater tendency for people to hang up may result in a greater number of suicide attempts. NSW CAG therefore recommends that this automated response be removed and that the answering counsellor should indicate these things verbally with the consumer, as was the procedure under the locally managed system.

References

NSW Department of Health (2008) *'Discharge Planning for Adult Mental Health Inpatient Services',* NSW Department of Health, North Sydney,